

Name  
in  
Full

Susan M. Adams

## CERTIFICATE OF DEATH

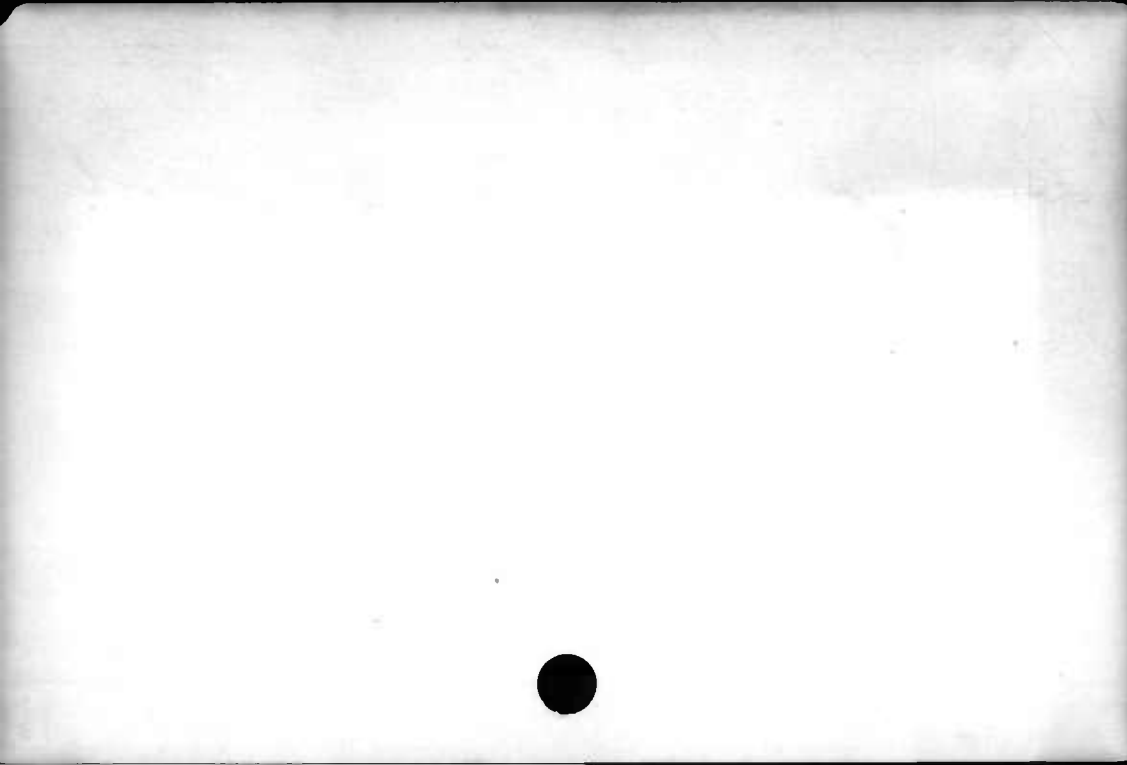
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                   |                                  |                                      |             |            |  |
|--|---------------------------|-------------------|----------------------------------|--------------------------------------|-------------|------------|--|
| Died at  |                           | Town<br>Cambridge |                                  | County<br>Dorchester                 |             | MARYLAND   |  |
| Date<br>of death 190                                     | Month<br>Sep              | Day<br>19         | Age                              | Years                                | Months<br>0 | Days<br>28 |  |
| Sex<br>Female  | Color or<br>Race<br>white |                   | Birth-<br>place<br>Cambridge, Md |                                      |             |            |  |
| Married, Single<br>or Widowed<br>—                       |                           |                   | Occupation<br>—                  |                                      |             |            |  |
| Name of Wife or<br>Husband                               |                           |                   |                                  |                                      |             |            |  |
| Father's<br>Name<br>Sidney A. Adams                      |                           |                   |                                  | Father's<br>Birthplace<br>Md         |             |            |  |
| Mother's<br>Maiden Name<br>Alicia F. Moore               |                           |                   |                                  | Mother's<br>Birthplace<br>Md         |             |            |  |
| Name of person giving<br>In formation<br>Alicia F. Adams |                           |                   |                                  | How related<br>to deceased<br>Mother |             |            |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                       |  |          |
|---|-----------------------|--|----------|
| Primary   | Chronic Enterocolitis | How long                               | 3 months |
| Immediate   | Exhaustion            | How long                               | 105      |
| Are the name, age, sex, color, date<br>and place correctly given above? |                       | Signature of<br>Physician<br>Guy Smith |          |
|   |                       | Address<br>Cambridge, Md               |          |
| Accident or Suicide?  |                       |  |          |



Name In Full

Certificate of Death

Sarah Linda Bryan

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

24

Age

1

5

Md

died

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Charles Kerr

Mother's

Maiden Name

Bertha Bryan.

Cause of

Primary

Enterocolitis

How long sick

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

E. E. Wolff M.D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Ann Burton

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Apr. 29<sup>th</sup>

Age 48-9-10

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

12

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Samuel H. Burton

Henry Thomas

Elizabeth Thomas

Phthisis pulmonalis

How long sick

9 mos.

Accident, Suicide, Homicide

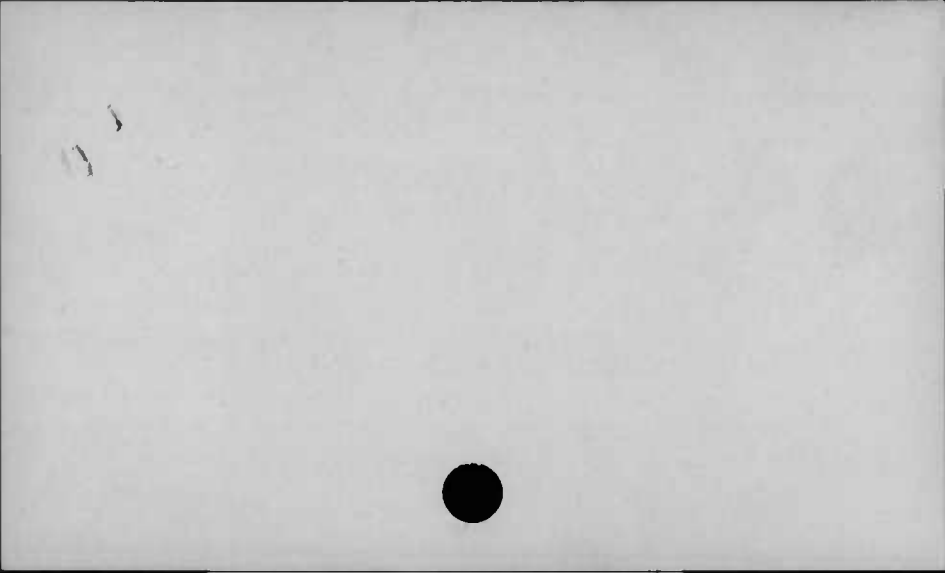
Reported by

Address

R. L. Lathicum, M.D.

Church Creek, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha Camper

Town

County

Died at

Vienna

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 28

Age

24 1/2

Maryland

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living One

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Andrew Camper

J. M. Lock

Becca Carr.

Cause of

Primary

Dread Fitus.

How long sick

1 3/4 48 hours.

Death

Immediate

Rupture of Uterus. Septicemia.

Accident, Suicide, Homicide

Reported by

J. H. Tammam M.D.

Address

Vienna

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Mary Cephus ✓

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 5

Age

34

Md.

Housework

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

9

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright Disease

How long sick

About 1 year

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

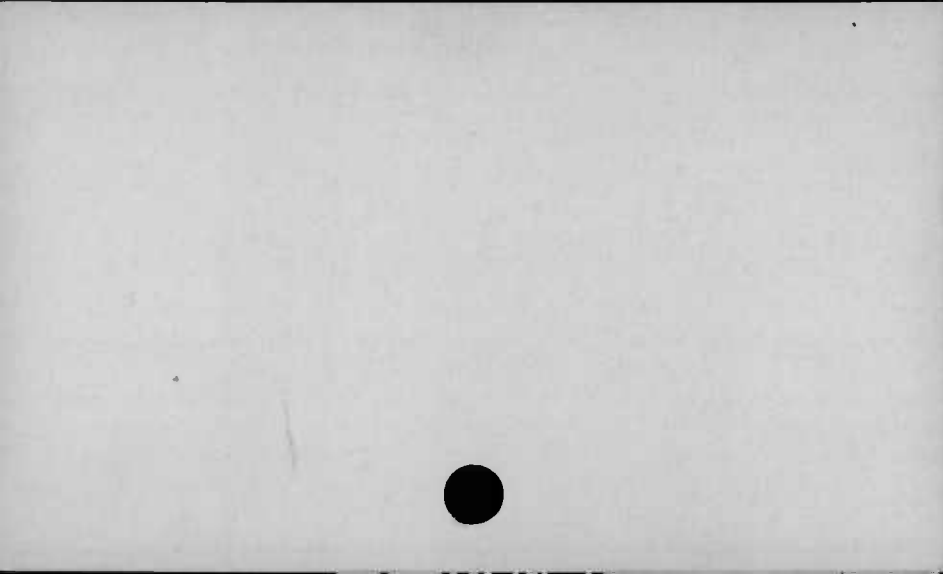
E. E. Walf M. D. 1/20

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Name in Full Charlie Dennis  
 Town Hockeys County Dorchester  
 Died at MARYLAND  
 Date 19 22 9 20 Age 24  
 Sex Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Native of Id Occupation  
Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of { Primary

Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lerin Hays

✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                |  |                                    |                                 |                               |
|---|--------------------------------|--|------------------------------------|---------------------------------|-------------------------------|
| Died at <u>Cambridge</u> <small>Town</small>                    |                                | <u>Worcester</u> <small>County</small> |                                    | MARYLAND                        |                               |
| Date of death 190 <u>2</u>                                      | <u>9</u> <small>Month</small>  | <u>6</u> <small>Day</small>            | Age <u>70</u> <small>Years</small> | <u>  </u> <small>Months</small> | <u>  </u> <small>Days</small> |
| Sex <u>Male</u>   | Color or Race <u>Colored</u>   | Birth-place <u>Ind</u>                 |                                    |                                 |                               |
| Married, <del>Single</del> or <del>Widowed</del> <u>Married</u> | Occupation <u>Wood Sawyer</u>  |  |                                    |                                 |                               |
| Name of Wife or Husband <u>Mellie Bryan</u>                     |                                |  |                                    |                                 |                               |
| Father's Name <u>Larry Hays</u>                                 | Father's Birthplace <u>Ind</u> |  |                                    |                                 |                               |
| Mother's Maiden Name <u>Bilstein Hays</u>                       | Mother's Birthplace <u>Ind</u> |  |                                    |                                 |                               |
| Name of person giving information <u>Larry Hays</u>             |                                | How related to deceased <u>Brother</u> |                                    |                                 |                               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Chronic Diarrhoea</u>  | How long <u>about 2 months</u>            |
| Immediate <u>Exhaustion</u>   | How long <u>100</u>                       |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Harry Stuck</u> |
|   | Address <u>Cambridge Ind</u>              |
| Accident or Suicide?  |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

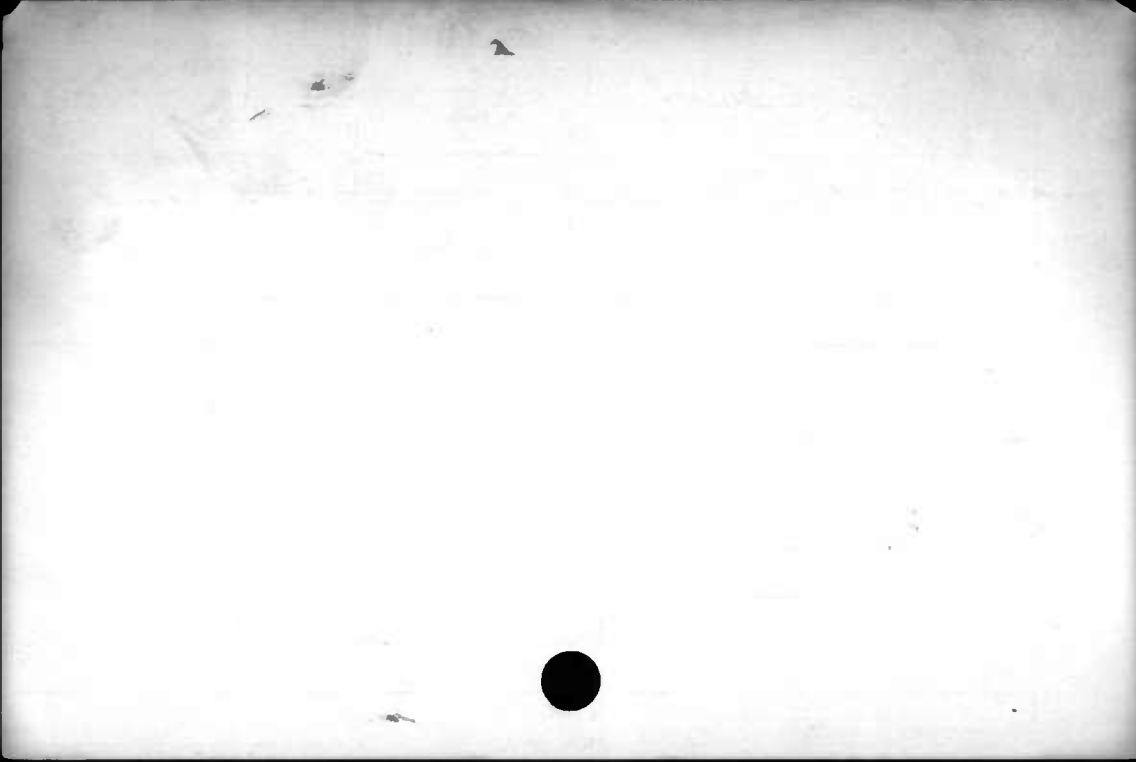
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                    |                                |          |      |
|--|---|------------------------------------|--------------------------------|----------|------|
| Died at <i>Thompson Station</i> <sup>Town</sup>                |   | <i>Orchester</i> <sup>County</sup> |                                | MARYLAND |      |
| Date of death 190 <i>2</i>                                     | <i>Sept</i> <sup>Month</sup>            | <i>16</i> <sup>Day</sup>           | Age <i>58</i> <sup>Years</sup> | Months   | Days |
| Sex <i>male</i>  | Color or Race <i>white</i>              |                                    | Birth-place <i>Maine</i>       |          |      |
| Married, Single or Widowed <i>married</i>                      | Occupation <i>Farmer</i>                |                                    |                                |          |      |
| Name of <del>wife</del> or Husband <i>Mary Francis Billups</i> |   |                                    |                                |          |      |
| Father's Name <i>Ebenezer Hoggatt</i>                          | Father's Birthplace <i>Maine</i>        |                                    |                                |          |      |
| Mother's Maiden Name <i>Sarah Beuner</i>                       | Mother's Birthplace <i>Maine</i>        |                                    |                                |          |      |
| Name of person giving information <i>Ern S. Hoggatt</i>        | How related to deceased <i>Daughter</i> |                                    |                                |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Struck by locomotive 166</i>   | How long                                 |
| Immediate <i>fractured skull generally crushed</i>                              | How long <i>immediate</i>                |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Guy Steele</i> |
|   | Address <i>Cambridge Md</i>              |
| Accident or Suicide? <i>accident</i>  |  |





Name In Full

Certificate of Death

Mary Hooper<sup>✓</sup> Rochester

Died at

Madison

County

Rochester

MARYLAND

Date 19

02

Month

Day

Sept. 23

Age

Y.

M.

D.

88 - -

Native of

Maryland

Occupation

Housework

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cromwell

Cause of

Primary

Old age 154.

How long sick

10 months

Death

Immediate

General debility -

~~Accident, Suicide, Homicide~~

Reported by

O. C. Maguire M.D.

Address

Church Creek

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Isabel Horseman

Died at <sup>Town</sup> *Taylor's Island* <sup>County</sup> *Dorchester* *MARYLAND*  
 Date 19 *02* <sup>Month</sup> *Sept.* <sup>Day</sup> *24* <sup>Y.</sup> *56* <sup>M.</sup> *—* <sup>D.</sup> *—* <sup>Native of</sup> *Md* <sup>Occupation</sup> *Domestic*  
~~Male~~ <sup>White</sup> *White* <sup>Married</sup> *Married* <sup>Widow</sup> *Widow* <sup>Divorced</sup> *Divorced*  
~~Female~~ <sup>Colored</sup> *Colored* <sup>Single</sup> *Single* <sup>Widow</sup> *Widow* <sup>Number of children living</sup> *10*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of <sup>Primary</sup> *Pulmonary Tuberculosis* <sup>How long sick</sup> *10 yrs*  
 Death <sup>Immediate</sup> *Exhaustion* <sup>Accident, Suicide, Homicide</sup> *—*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Willis Jane Hughes

Town

County

Died at

Cambridge Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1962

Sep. 1

Age 38

- -

Md.

House work -

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

Number of children living none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Josiah Hughes

Josephine Chase

Cause of

Primary

Pulmonary tuberculosis

How long sick

1 1/2 years

Death

Immediate

27

~~Accident, Suicide, Homicide~~

Reported by

Wilbur A. Drake M.D.

Address

Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Infant Jennifer  
 Town County  
 Died at Taylor's Island. Dorchester. MARYLAND  
 Date 1902 Sept. 2 Age 1-10 Md. Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Steve Jennifer Mother's Maiden Name Sarah L. Cornish  
 Cause of Death Primary Pertussis Exhaustion  
 How long sick 2 weeks  
 Accident, Suicide, Homicide  
 Reported by Dr. J. K. Shriver, Jr.  
 Address Taylor's Island. Dor. Co. Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Nettie Virginia

Jenkins

## CERTIFICATE OF DEATH

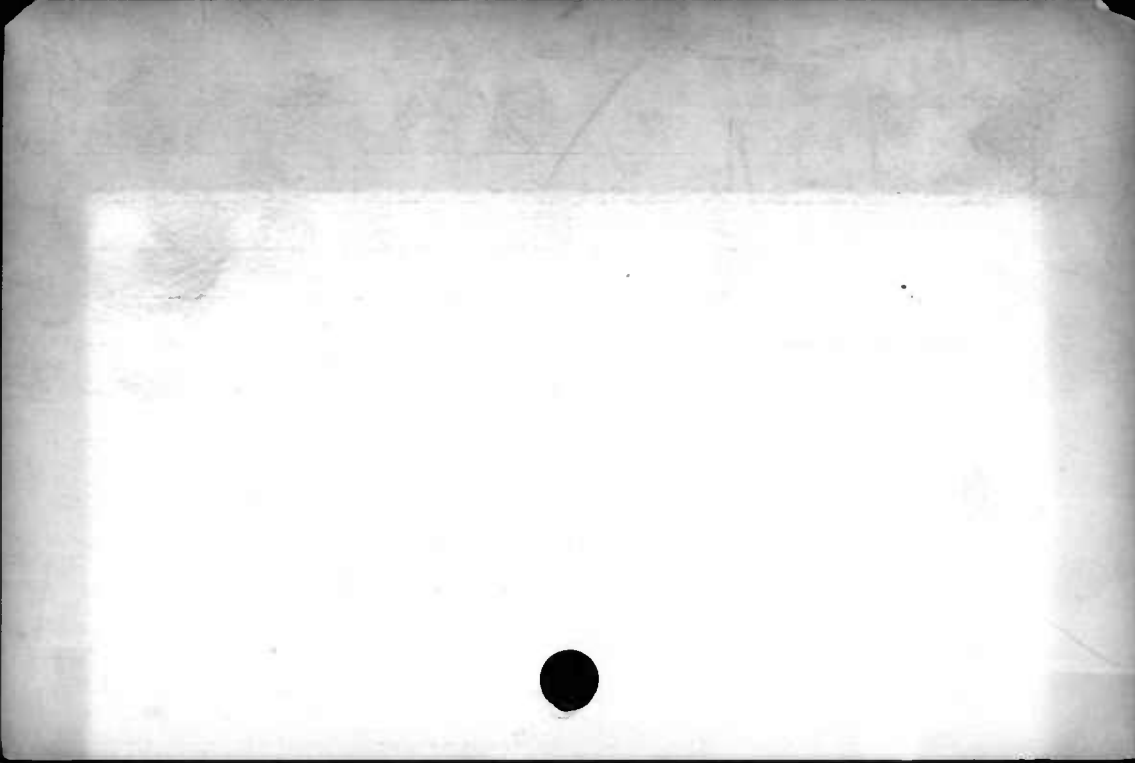
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                             |  |                                      |                 |      |
|---|-----------------------------|--|--------------------------------------|-----------------|------|
| Died at <u>Cambridge</u> <small>Town</small>              |                             | <u>Worcester</u> <small>County</small> |                                      | MARYLAND        |      |
| Date of death 1902  | Month <u>sep</u>            | Day <u>27</u>                          | Age <u>1</u> Years                   | Months <u>1</u> | Days |
| Sex <u>Female</u>   | Color or Race <u>Caucas</u> |  | Birth-place <u>Cambridge md</u>      |                 |      |
| Married, Single or Widowed <u>Single</u>                  |                             | Occupation <u>none</u>                 |                                      |                 |      |
| Name of Wife or Husband _____                             |                             |  |                                      |                 |      |
| Father's Name <u>Manny Jenkins</u>                        |                             |  | Father's Birthplace <u>Dr. Co md</u> |                 |      |
| Mother's Maiden Name <u>Carrie Fletcher</u>               |                             |  | Mother's Birthplace <u>Dr Co md</u>  |                 |      |
| Name of person giving information <u>Jno. D. Fletcher</u> |                             |  | How related to deceased <u>Uncle</u> |                 |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Typho enteritis</u>  | How long <u>3 months</u>                   |
| Immediate <u>Exhaustion</u> <u>105</u>  | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Harry Steele</u> |
|   | Address <u>Cambridge md</u>                |
| Accident or Suicide?  |  |



Lillie M. Jones ✓

Died at <sup>Town</sup> Cambridge <sup>County</sup> Dorchester

MARYLAND

Date 1902 <sup>Month</sup> Sept. <sup>Day</sup> 14 <sup>Y.</sup> 1 <sup>M.</sup> 9 <sup>D.</sup> 1 <sup>Native of</sup> Md. <sup>Occupation</sup>

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colorad~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Lillie M. Jones

Cause of

Primary

Acute enterocolitis

How long sick

4 weeks

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake, M.D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Lerni Lewis*

Died at *Taylor's Island* County *Dorchester* MARYLAND

Date 1902 *Sept. 20<sup>th</sup>* Month *Sept.* Day *20* Y. *40* M. *10* D. *14* Native of *Maryland* Occupation *Motorman*  
 Male ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *North*

Father's Name *Lerni Lewis* Mother's Maiden Name *Emily A. Sterling*

Cause of Death { Primary *Cerebral Haemorrhage* Immediate *2 days* How long sick *2 days*  
 Accident, Suicide, Homicide

Reported by *R. L. Smith, M.D.* *64*  
 Address *Church Creek, Md.* *Dr. R. L. Smith, Case*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Matten Lichthel

Died at <sup>his</sup> Caulage Town Dorchester County MARYLAND

Date 19 02 Sept 11 Month Day  
 Age 34 Y. M. D.  
 Native of Austria Occupation Farmer  
 Male White ~~Married~~ Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Jno Lichthel Mother's Maiden Name Therese Scheller

Cause of Death { Primary Catarrhal Bronchitis How long sick Several years.  
 Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Dr. M. G. L. BrownAddress Caulage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Joseph N. Le Compte ✓

Certificate of Death

Town

County

Died at

Vanna

Ponchartraine

MARYLAND

Date 19

02

Month

Day

Sept-

Age

Y.

M.

D.

52 6 8

Native of

Occupation

Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 8

Husband

of

Jimmie Hurley

Wife

Father's

Name

Solomon Jones

Mother's

Maiden Name

Henrietta Nichols

Cause of

Primary

Paralysis

Death

Immediate

How long sick

16

Accident, Suicide, Homicide

Reported by

S. S. Curren M.D.

Address

Vanna Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mildred Anetis Light

Town

County

Cambridge

Dorchester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

4

Age

5-17

M

Child

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Alex Light

Mother's

Maiden Name

Annie Hughes

Cause of

Primary

Whooping Cough &amp; Pneumonia

How long sick

3 Days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

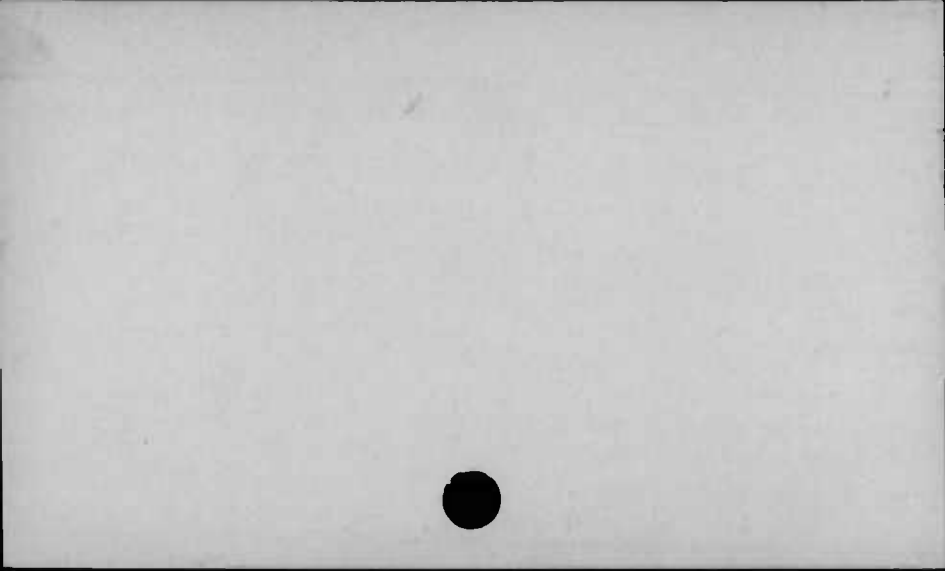
E. E. Wolff, M.D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Thomas Nelson Medford

Town

County

Died at

Harlock

Dorchester MARYLAND

| Date   | 1902    | Month   | Day     | Y.                        | M. | D. | Native of | Occupation |
|--------|---------|---------|---------|---------------------------|----|----|-----------|------------|
| 1902   | Sept    | 5       | 20      | 14                        | 1  | 11 | Harlock   | Farmer     |
| Male   | White   | Married | Widow   | <del>Divorced</del>       |    |    |           |            |
| Female | Colored | Single  | Widower | Number of children living |    |    |           |            |

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

22 days

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

Reported by

S. A. Hoarner

Address

Harlock

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Rumice May Moore*

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

04

Sept 23

Age

10

10

Mid

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Ben. F. Moore*

Mother's

Maiden Name

*Salie E. Warner*

Cause of

Primary

*Marasmus Pneumonia*

How long sick

*10 days*

Death

Immediate

*Heart Failure by reaction*

~~Accident, Suicide, Homicide~~

Reported by

*Victor E. Litch*

Address

*Port Krumm St.*

*93*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Joe H Peters

Died at near Town Cauldage County Dorchester MARYLAND  
 Date 19 01 Month Sept Day 27 Age 9 Y. M. D. Native of San Co Ma Occupation  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of  
 Wife

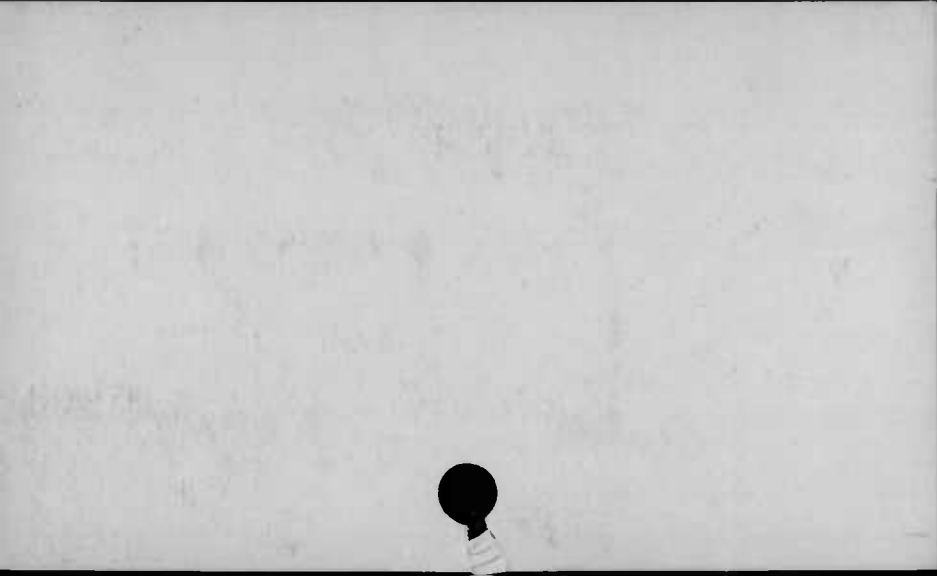
Father's Name Joe H Peters Mother's Maiden Name Mrs D Taylor

Cause of Death { Primary Sclerous necrotorum How long sick  
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr N Golasbome MD 72

Address Cauldage Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Winnie<sup>v</sup> M. Pettit

Died at Golden Hill

Town

County

Dorchester

MARYLAND

Date 1902 Month Sept. Day 24 Age about 40 years Y. M. D. Native of Dor. Co. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Number of children living one

Female Colored Single Widower

Husband of H. O. Pettit

Father's Name Charles Shenton

Mother's Name Maggie Shenton

Cause of Death { Primary Tuberculosis

How long sick about a year

Death { Immediate

~~Accident, Suicide, Homicide~~

Reported by B. L. Smith M.D.

Address Madison Md.



Name In Full

Certificate of Death

Benjamin H. Reed

Town

County

Died at Drawnuge Darchester

MARYLAND

Date 1902 9 10 Age 52 3 1/2  
 Male White Married ~~Widower~~ Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of  
 Wife of  
 Father's Name  
 Mother's Name  
 Maiden Name  
 How long sick

Cause of Death { Primary Immediate  
 Spasmodic Typhoid  
 Accident, Suicide, Homicide

Reported by  
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Liddy Jane Richardson

Town

County

MARYLAND

Died at

Cornersville, Tenn.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept 21

Age

Tenn.

Housewife

~~Male~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

9

Wife of

J. S. Richardson

Wife

Father's

Major Hatfield

Mother's

Name

Maiden Name

Cause of

Primary

Diabetic

50

How long sick

5 days.

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

S. A. Stokes

m. b.

Address

Cornersville

Tenn.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Harrison Ried

Died at Town Oranbridge County Oranburg MARYLAND

Date 19 02 Sept 1888 Age 59 Y. M. D. Native of Oranburg Occupation Farmer

Male White Married Widow Divorced Widow Number of children living 2

Female Colored Single Widow

Husband of widow

Wife

Father's Name not known Mother's Name not known

Maiden Name

Cause of Death { Primary Spasmodic Typhoid } How long sick 4 weeks

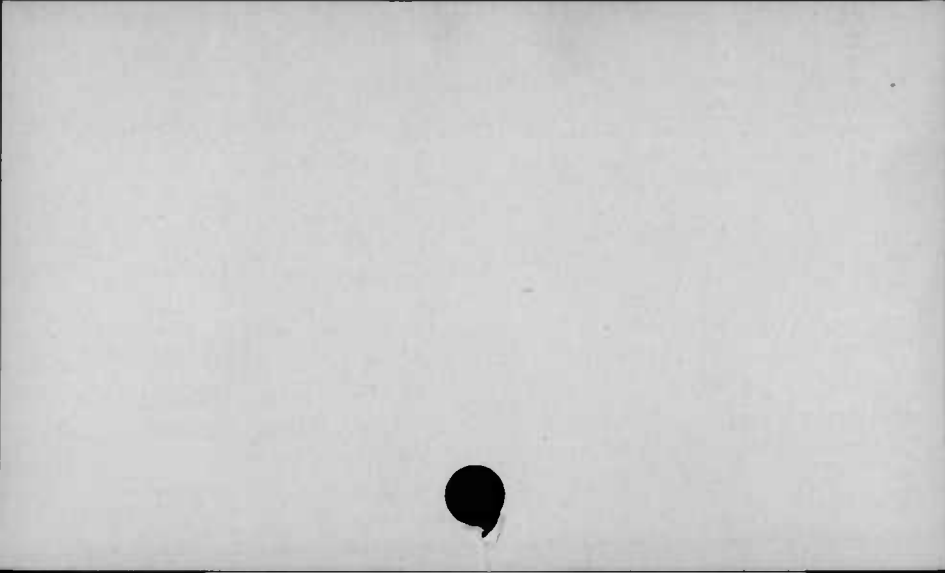
Death { Immediate no } Accident, Suicide, Homicide

Reported by

S. S. Ewell M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Avis Robinson

Town

County

Died at Cambridge

Worcester

MARYLAND

Date 1902  
 Month Sep Day 1  
 Age 20-11  
 Native of Delaware  
 Occupation None  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John R. Robinson

Mother's Name Mary E. Robinson

Cause of Death { Primary Typhoid Fever.  
 Immediate Exhaustion

How long sick  
 12 days  
 Accident, Suicide, Homicide

Reported by Rev. Charles M. Hamby

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Hutson Robinson

Town

County

Died at

MARYLAND

Date 1902 Sep 23 | Age 73 10 7 | Native of Md | Occupation Farmer  
 Male White Married Widowed Divorced  
 Female Colored Single W/2 lower Number of children living 7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

*Baby Edward* ✓  
Town County

Died at *Cumby* *Borchers* MARYLAND

Date 189*9* *12* *Apr* *25* Age *4* Y. M. D. Native of *md.* Occupation *baby*  
Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒  
Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of \_\_\_\_\_  
Wife

Father's Name *William Edward* Mother's Name *Hellie Todd*

Cause of Death { Primary *Cholera Infantis* Immediate  
How long sick *1 week*  
Accident, Suicide, Homicide

Reported by *John Thomas*

Address *105*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Granville A Seward.

Died at *Hudson*

Town

County *Gov.*

County

MARYLAND

Date *1812* Month *Sep* Day *2* Y. *-* M. *1* D. *-* Native of *Gov.* Occupation *infant*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *1*

Husband of  
WifeFather's Name *Thos. H. Seward*Mother's Name *Amanda Seward.*

Cause of Death { Primary *jaundice*  
Immediate *marasmus.*

How long sick  
*1 mo*

Accident, Suicide, Homicide

Reported by *S A Stokes*Address *Cornsville**M L*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name  
in  
Full

Sharp ✓

## CERTIFICATE OF DEATH

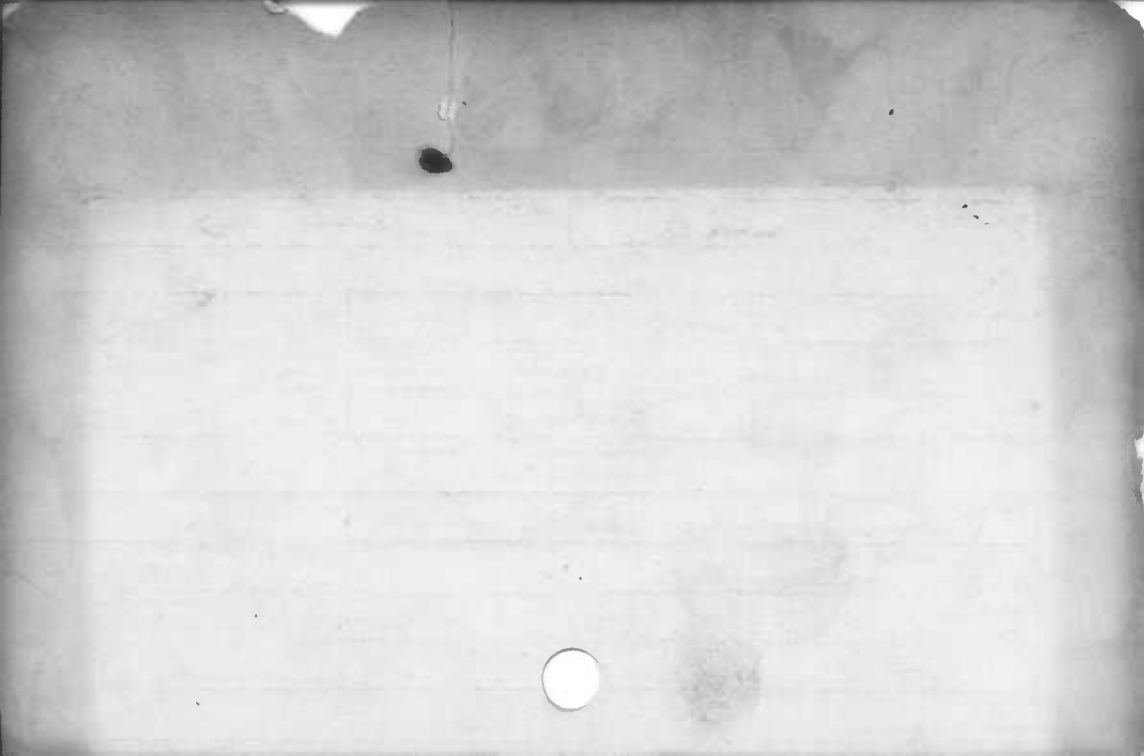
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                                    |                                       |                 |               |
|---|------------------------------|------------------------------------|---------------------------------------|-----------------|---------------|
| Died at <b>Cambridge</b> <sup>Town</sup>            |                              | <b>Worcester</b> <sup>County</sup> |                                       | MARYLAND        |               |
| Date of death 190 <b>2</b>                          | Month <b>sep</b>             | Day <b>2</b>                       | Age <b>—</b>                          | Months <b>—</b> | Days <b>8</b> |
| Sex <b>Male</b>                                     | Color or Race <b>Colored</b> |                                    | Birth-place <b>New Cambridge</b>      |                 |               |
| Married, Single or Widowed <b>Single</b>            |                              |                                    | Occupation <b>—</b>                   |                 |               |
| Name of Wife or Husband                             |                              |                                    |                                       |                 |               |
| Father's Name <b>Will Sharp</b>                     |                              |                                    | Father's Birthplace <b>Ind</b>        |                 |               |
| Mother's Maiden Name <b>Coraline Faxon</b>          |                              |                                    | Mother's Birthplace <b>Ind</b>        |                 |               |
| Name of person giving information <b>Will Sharp</b> |                              |                                    | How related to deceased <b>Sister</b> |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <b>Seven Months child</b>   | How long <b>8d</b>                        |
| Immediate <b>Inanition</b>  | How long <b>8 days</b>                    |
| Are the name, age, sex, color, date and place correctly given above? <b>Y/3</b> | Signature of Physician <b>Wm L. Smith</b> |
|   | Address <b>Cambridge Ind</b>              |
| Accident or Suicide?  |   |



James H. Smith ✓

Died at East Newmarket Rockledge MARYLAND  
 Town County  
 Date 19 02 Sept 21 Age 61 4 15 Native of md Occupation Merchant  
 Male White Married Widow ~~Married~~  
 Female Colored Single Widower Number of children living 5

Husband of Albena Smith  
 Father's Name James Smith Mother's Maiden Name Elizabeth Lewis  
 Cause of Death { Primary Smoker Heart Prostration How long sick 2 months  
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by Victor E. Hiteh 179Address East Newmarket md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant Thiel

Town

County

Died at

Meekins Neck

Dorchester

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Sept.

7

Age

1

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Paul Thiel

Mother's

Maiden Name

Camelia Schubert

Cause of

Primary

Atelectasis

How long sick

1 day

Death

Immediate

Asphyxia

151

~~Accident, Suicide, Homicide~~

Reported by

Dr. Jon R. Shriver, Jr.

Address

Taylor Island

Dor. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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100



Margaret J Thomas

Town

County

MARYLAND

Died at

Hoytels

Bar

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept-23

Age 60

Ga.

Housewife

☒ Male☐ White☒ Married☐ Widow☒ Divorced☐ Female☒ Colored☒ Single☒ Never

Number of children living

4

Husband

of

Wife

Father's

Name

Emory Cook.

Mother's

Maiden Name

Matilda Cook

Cause of

Primary

Typhoid fever

How long sick

1 mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

S A Stokes

m b

Address

Carnersville

m d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Millie Thompson

Town

County

MARYLAND

Died at

Venus, St. Charles

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

25

Age

73

Md.

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1 Son

Husband of

Bill Thompson

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Degeneration caused by Age.

How long sick

Three

Death

Immediate

Apoplexy. 154

Accident, Suicide, Homicide

Reported by

F. M. Tammor Md.

Address

Venus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eliza Jane Travers

Died at <sup>Town</sup> Taylor's Island<sup>County</sup> Dorchester

MARYLAND

Date <sup>1902</sup> Sept. 21 <sup>Month</sup> <sup>Day</sup> Age <sup>Y.</sup> 73 <sup>M.</sup> 6 <sup>D.</sup> <sup>Native of</sup> Dor. Co. Md. <sup>Occupation</sup> Housewife  
~~Male~~ <sup>Female</sup> ~~White~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ <sup>Number of children living</sup> 3

Husband of ~~L.~~ Levi D. Travers

Father's Name Wm. D. Travers Mother's Name Eliza Travers

Cause of Death { Primary Cancer of uterus. <sup>How long sick</sup> About two years  
 Immediate ~~Accident, Suicide, Homicide~~

Reported by B. L. Smith Md. 42  
 Address Madison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ezekiel Walker

Town

County

Died at

Colorado

Don

MARYLAND

Date 189-

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Sep

27

Age

64

4

Don

Labor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Sarah Walker

Mother's

Name

Caroline

Cause of

Primary

Cancer

How long sick

Months

Death

Immediate

Starvation

Accident, Suicide, Homicide

Reported by

C R Osborn

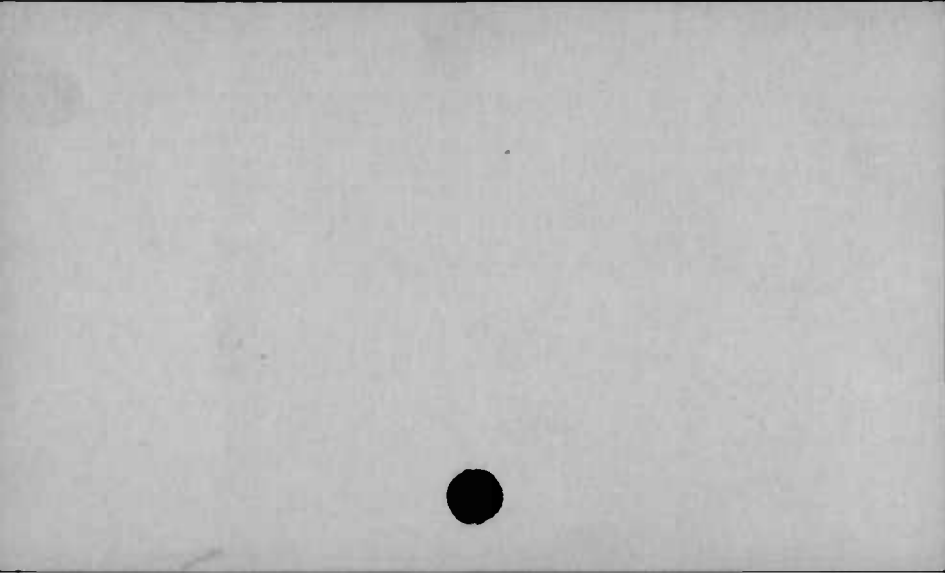
45

Address

Galestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full *Thos H. Best V*

Certificate of Death

Died at *Cumbridge* Town *Lebanon* County *MARYLAND*  
Month Day Y. M. D. Native of Occupation

Date 19 *Sept* *14* Age *Five months*  
Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of *John Best* Mother's *John Best*  
Name Maiden Name

Cause of Primary *Heart Failure* How long sick *Long*  
Death Immediate *"* *was dying* when called *accident, Suicide, Homicide*

Reported by *Nea Ritch*  
Address *Cumbridge* *Box 179*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eunice Elizabeth Whaples

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

MARYLAND

Date 1902      Month 9      Day 28      Age Y. 2      M. 9.      D. 18      Native of Md      Occupation Child

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of  
Wife

Father's Name Chas. Wesley Whaples      Mother's Name Ruby Simons

Cause of Death { Primary Enterocolitis      How long sick 2 months  
Immediate Exhaustion.      Accident, Suicide, Homicide

Reported by E. E. Wolff M.D.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William F. Williamson

Town

County

Died at

East Market Street

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 29

Age

33

1

Md

Miller

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Willa Williamson

Wife

Father's

Name

W. F. Williamson

Mother's

Maiden Name

Mary J. Fletcher

Cause of

Primary

Wet &amp; cold from, Prostate

How long sick

6 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Victor E. Gitch

Address

East Market

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

White

Married

~~Widow~~~~Divorced~~

Occupation

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

12 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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